



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

December 26, 2008

GENERAL LETTER NO. 23-L-AP-3

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Management Manual, Title 23, Chapter L, Appendix, **COUNTY BILLING AND OFFSET APPENDIX**, pages 14 and 15, revised; and the following forms:

470-2653 *Notice of Intent to Offset*, revised
470-4478 *Payment Held*, revised

Summary

This chapter is revised to:

- ◆ Update form 470-2653, *Notice of Intent to Offset*, to reflect the name of the current director of the Department. The source information on the instruction page is also updated to reflect the share name where the form is kept within the Division of Financial Management.
- ◆ Update form 470-4478, *Payment Held*, to reflect the name of the current director of the Department. The source information on the instruction page is also updated to reflect the share name where the form is kept within the Division of Financial Management.

Effective Date

Upon receipt.

Material Superseded

Remove the following forms from Management Manual, Title 23, Chapter L, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
14	July 20, 2007
470-2653	7/07
470-4478	7/07
15	July 20, 2007

Additional Information

Refer questions about this general letter to your service area manager.

Notice of Intent to Offset, Form 470-2653

Purpose	The <i>Notice of Intent to Offset</i> informs the county of the county's unpaid liability and the Department's intention to request an income offset to collect the debt and explains the county's right to request a review of the county's liability.
Source	Form 470-2653 is available as a template that can be accessed by the Division of Fiscal Management staff. The form is kept in the Fiscal.772 share on Hoover3s2.
Completion	Staff in the Department's Division of Fiscal Management prepare the form when a debt is due and owing the Department and eligible for income offset.
Distribution	The form is mailed to the county CPC and a copy is mailed to the county auditor.
Data	<p>The following information is entered on the notice:</p> <ol style="list-style-type: none">(1) The date the notice is prepared(2) The name and address of the county CPC to whom the notice is sent(3) The name of the client whose services were billed to the county(4) The amount of debt eligible for income offset(5) The client's name(6) The dates when service was provided to the client(7) The original billing date(8) The name of the county responsible(9) The final date for the county to file a request for review of the county's liability(10) The name and address of the Division of Fiscal Management contact person(11) The name of the county auditor



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DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

XXXXXXX ⁽¹⁾

XXXXXXXXXXXXXXXXX ⁽²⁾

County CPC

XXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXX

RE: Client Name ⁽³⁾

Dear CPC:

Charges in the amount of \$_____ ⁽⁴⁾ for (*type of service*) services provided to (*client name* ⁽⁵⁾) for (*dates of service* ⁽⁶⁾) were billed (*date of billing* ⁽⁷⁾) to _____ ⁽⁸⁾ County. According to our records, these charges remain unpaid.

Notice is hereby given that the Department of Human Services (DHS) intends to pursue collection of this amount through the state income offset program as provided in the Department of Administrative Services – State Accounting Enterprise (SAE) Chapter 40 of the Administrative Rules and Chapter 8A.504 of the Code of Iowa. Unless a written request for review is received by the DHS Division of Fiscal Management on or before (*date – 30 days from date of letter* ⁽⁹⁾), DHS will refer this outstanding obligation to State Accounting Enterprise to be offset against future payments made by the State.

A written request for review should be addressed to: _____ ⁽¹⁰⁾. The request must state why the county disagrees with the amount owed, and provide relevant legal citations, client identifiers, and any additional information supporting the county's position.

When this matter is referred to SAE for offset, all payments made to your county through the state accounting system will be issued as a paper warrant. No EFT payments can be generated by the system for entities on the offset list.

Sincerely,

Jeanette Wiig, Bureau Chief
Bureau of Purchasing, Payments and Receipts

cc: _____ ⁽¹¹⁾ County Auditor



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XXXXXXX ⁽¹⁾

XXXXXXXXXXXXXXXXX ⁽²⁾
County CPC
XXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXX

RE: Client Name ⁽³⁾

Dear CPC:

The Department of Human Services (DHS) received notice from State Accounting Enterprise (SAE) that a payment to _____ ⁽⁴⁾ County has been held for offset. This payment is being held for charges in the amount of \$ _____ ⁽⁵⁾ for *(type of service ⁽⁶⁾)* services provided to *(client name ⁽⁷⁾)* for *(dates of service ⁽⁸⁾)*. _____ ⁽⁹⁾ County was billed on *(date of billing ⁽¹⁰⁾)*. According to our records, these charges remain unpaid.

DHS has the right to recover this payment through the offset procedure. The SAE has been notified to retain \$ _____ ⁽¹¹⁾ and apply it towards this obligation. The County has the right to request split of this payment between parties if it is jointly owned or otherwise owned by two or more persons.

_____ ⁽¹²⁾ County also has the right to appeal this offset. The County may file a written request for appeal no later than *(date – 30 days from date of letter ⁽¹³⁾)*. The request for appeal should include any relevant legal citations and any additional information supporting the County's position. The request for appeal should be addressed to:

A request for appeal will suspend the offset action until a final appeal decision is issued.

Questions related to this offset should be directed to *(name of individual)* at *(phone number)*.

Sincerely,

Jeanette Wiig, Bureau Chief
Bureau of Purchasing, Payments and Receipts

cc: State Accounting Enterprise

Payment Held, Form 470-4478

Purpose	The <i>Payment Held</i> notice informs the county of a pending offset and the county's right to appeal the offset.
Source	Form 470-4478 is available as a template that can be accessed by the Division of Fiscal Management staff. The form is kept in the Fiscal.772 share on Hoover3s2.
Completion	Staff in the Department's Division of Fiscal Management prepare this form when the State Accounting Enterprise has identified a potential offset.
Distribution	<p>Copies of the form are mailed to the county CPC and to the DAS State Accounting Enterprise.</p> <ol style="list-style-type: none">(1) The date the notice is prepared(2) The name and address of the county CPC to whom the notice is to be sent(3) The name of the client whose services were billed to the county(4) The name of the county(5) The amount of debt eligible for income offset(6) The type of service provided to the client(7) The name of the client(8) The dates that service was provided to the client(9) The name of the county owing the debt(10) The original billing date(11) The amount of potential offset(12) The name of the county(13) The final date for the county to file an appeal request